

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER		
TYPIST	351	11/25/74
VERIFIER	315	1-26
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	
Original	
5	1-1
10	✓ =
11	
12	
13	v
14	
15	✓ =
16	✓ =
17	11
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SYMBOLS

- ✓ ..... Rejected
- = ..... Allowed
- (Through numerical) Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
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